## STATE OF HAWAII REQUEST FOR EXEMPTION FROM CHAPTER 103F, HRS

STATE PROCUREMENT OFFICE STATE OF HAWAII

FROM: Dept. of Health/Adult Mental Health 1 (Department/Division/Agency)	Division 9		
Pursuant to § 103F-101(a)(4), HRS, and Chapter the following:	r 3-141, HAR, the Departmen	t requests a procurement exemption to p	urch
Description of health and human services:			
Provision of long term care residential services	in a secured setting for a bra	in injured patient.	
Name of Service Provider	Cost:	Term of Contract:	
Padua Village, Inc. – Casa Colina	\$147,510	From: 7/01/03	
Centers for Rehabilitation	per year	To: 6/30/05	* * *
Explanation describing how procurement by co The patient is brain injured and has extreme bel unique services. The patient's wife, who is also for her husband. This is the only suitable services.	havior problems with violent o his guardian, has selected th	outbursts and requires highly specialized is facility to continue to provide long ter	d and
Details of the process or procedure to be follow competition as practicable:	ved in selecting the service pr	ovider to ensure maximum fair and open	l

The Adult Mental Health Division (AMHD), the patient's current case manager, and the patient's wife have searched for suitable long term care facilities and this is the only service provider willing to accept this patient. This patient needs to be

Management (UM) staff have reviewed the patient's records and have determined that there are no facilities in Hawaii that can provide the appropriate level of care required for this patient. AMHD's UM staff regularly survey the community for

Facilities in Louisiana, North Carolina, and California have all refused to accept this patient. AMHD's Utilization

placed in a locked, long-term care facility that has a highly structured environment.

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available services and new providers.

TO:

Chief Procurement Officer

A description of the state agency's internal controls and approval	requirements for the exempted procurement:
The Chief of AMHD, the AMHD Medical Director, and AMHD's continuation of services for this patient at this facility.	Acting UM Supervisor have reviewed and approved the
A list of state agency personnel, by position title, who will be invo contract:	lved in the approval process and administration of the
Thomas Hester, M.D., Chief, AMHD	
Alan Radke, M.D., Medical Director, AMHD	
Amy Yamaguchi, Public Health Administrative Officer, AMHD	
	Phone Number:
Direct questions to: Amy Yamaguchi	586-4682
This exemption should be considered for list of exemptions attached I certify that the information provided above is to the best of notice that the information provided above is to the best of notice that the information provided above is to the best of notice that the information provided above is to the best of notice that the information provided above is to the best of notice that the information provided above is to the best of notice that the information provided above is to the best of notice that the information provided above is to the best of notice that the information provided above is to the best of notice that the information provided above is to the best of notice that the information provided above is to the best of notice that the information provided above is to the best of notice that the information provided above is to the best of notice that the information provided above is to the best of notice that the information provided above is to the best of notice that the information provided above is to the best of notice that the information provided above is to the best of notice that the information provided above is to the best of notice that the information provided above is not	ny knowledge, true and correct.
Department/Agency Head Date	
Chief Procurement Officer's Comments:	
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Places anounce adherence to applicable administrative requirements	
Please ensure adherence to applicable administrative requirements	(A)
Please ensure adherence to applicable administrative requirements  Approved   Denied	Jan Jan 6/20/03
	Chief Procurement Officer Date

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